STATE DEPARTMENT OF HEALTH

Item #7.1 STREET, BALTIMORE, MARYLAND 21201

03699

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03693

John Judge

									001	100		
	LACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where dec				e odmissio	n)
	HOWARD			Maryland b. COUNTY Baltimore								
Ь	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	write RURAL ond give neorest town) Waterloo				Halethorpe 13.2							
d	I. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, giv	ve street oddress)		d. STREET ADDRESS					e. IS RESID	
Ar	undel Co	rp. Gravel	Pit off	Waterloo	Rd.	1840 Woo	dside	e Avenue			p-many	NO 🗌
	IAME OF DECEASED	Fi	rst	Middle		Lost	4. DAT		th	Doy		
	Type or print)	WI	LLIAM	LLOYD		ABSHER	DEA	тн 3		22	19 €	
5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	DATE OF BIRTH		9. AGE (In years	IF UNDER Months	Doys	Hours	24 HRS. Min.
	Male	White	WIDOWED [DIVORCED		2-7-37		lost birthdoy) 30 yrs.				Mut.
10o.	USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA				WHAT		
90/11	Foreman	no, even a temedy	Arun	del Corp.		Hayes, No	orth	Carolina		U.S.	NTRY?	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	Char	les Absher			- 33	Walsie Johnson						
		R IN U.S. ARMED FORCES? (If yes give wor or dotes		OCIAL SECURITY NO.		INFORMANT Box 7, Hammond's Ferry Road						
(163	s, no, or onknown;	(ii yes give wor or dores	ni zeivice)		Mr	rs. Higgins, Linthicum Hgts. Maryland						
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)									INI	FKAMP RFI	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) C:	arbon monox	cide	e poisoning			ONSET AND DEATH			
	9731 DUE TO											
	Conditions, if ony,		(b)									
	rise to immediate couse (a), storing the underlying couse DUE TO											
	lost.	iying coose	(c)		- 1							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY OR STREET											
CERTIFICATION	Acute ethylism							X		NO X		
E	200. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Found in truck-											
PRIMARY A or CONTRIBUTING CAUSE OF DEATH. Engine running - hose from exhaust into cab or contribution can be caused by the contribution of the contribution can be caused by the contribution can be caused by the contribution of the contribution can be caused by the contribution can be caused by the contribution of the contribution can be contributed by the contri												
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WED	? Hour o.m	3 22 19	67 While of work	Not While K	focto	ry, street, office bldg., etc Roadway	:.)		Но	ward		Md.
	21. I certify that I taak charge of the remains described above, held an XXXXXXI, Inspection XX, Inquiry , and in my apinion											
	death resulted fram: Natural causes , Accident , Suicide X, Hamicide , Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	SIGNATURE OCUSABLE STATE M.D. ASSISTANT MEDICAL EXAMINER [] 22. DATE						SIGNED					
	EYAMINED'S DEPUTY MEDICAL EXAMINER 3-22-67											
	NAME (Type)	RUSSELL S	• FISHE	R, M.D.		Address (Stree	et, city, tov	vn, or county)				
230.	BURIAL, CREMATIO			23c. NAME OF CEMETE			-	LOCATION (City or To	- 1	(County	,	tote)
	REPORTATION	3-25-	1967	Union Bapt	ist	Church Ce	m. Tr	caphill, N	orth	Caro	lina	
24	CLINEDAL DIRECTO	D		ADDRESS	100	250 REC	'D RY REG	ISTRAR 25h RI	P'SARTZIGE	SIGNATUL	2F	

21229

MAR 27 1967

Howard H. Hubbard, 4107 Wilkens Ave.

VR A15ME (5) 6M 1/67

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71	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
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/	A TOWNS AND ASSESSMENT OF THE PARTY OF THE P	HOWARCH MARYLAND a. STATE Md. b. COUNTY HOW	ARd
	by the Pages 1 urs afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	
	3 E 0	Rural West Friendship Life Rural West Friendship	13-1
	24 ho filled papers. in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	in 24 fill bap thin thin	Pfefferkorn Kond Pfefferkorn Rond	YES 🔀 NO
	executed within 24 hon and completely filled in papers. In any event, within 72 h	3. NAME OF OECEASED (Type or print) HAZE! A. Arcington DEATH MARCH 3	1967
•	com ve c	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (in years FUNDER 1YE last birthday) Months Day	AR IF UNDER 24 HR
	and any any	Female White WIDOWED DIVORCED Sept. 29, 1908 58 yrs. Months Day	s Hours Min.
	cian ase r	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even If retired) 12. CITIZI COUNT	EN OF WHAT
	physician n please val, and in	Homemaker Itome MASUland U.S	
	certifica Iding ph Then removal	13. FATHER'S NAME	
	ndin Th rem	Charles Hobbs Emma Flowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	e death certifica the attending ph it permit. Then nation, or removal	(Yes, no,, or unkown) (If yes give war or dates of service)	a-1-1' - 1
	de the per	The state of the s	TERVAL BETWEEN
	The law requires that the death certificate or attending physician. The attending physician is the has been signed by the attending physicuse as the burial-transit permit. Then pleasalth prior to burial, cremation, or removal, an	PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION	NSET AND DEATH
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	ires that physici n signed burial-th burial,	[conditions, If any, which] (b) HYPERTENSIVE CARDIOVASCULAD DISEASE	4 years
	ding p been the b	gave rise to immediate cause (a), stating the DUE TO	
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	I: The I al or at ficate Progression of the III	2 4	PERFORMED?
	0 - 0	20a. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INTIRY OCCURRED (Enter nature of injury in Part Lor Part Lo	YES NO
	the hospital the hospital this certifi detached fo e Dept. of H	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYSIC he hos this ce letache Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(State)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	
	Do Do	21. I certify that (I) (this heepital) attended the deceased from 2/16/, 1954, to 3/3/, 1967,	that (I) (we) las
47.	TTEN etaine STOR: shoul ith the	saw the deceased alive on 2/16/ 1967, and that death occurred at 30M, from the causes and on the deceased alive on 2/16/ 1967 and that death occurred at 30M, from the causes and on the deceased alive on 2/16/ 1967.	
	OR ATTEN / be retaine DIRECTOR: ge 3 shoul led with th	ATTENDING WED. STAFF	SIGNED
	7 > 6 6	22c. Physician's	11701
	O HOSPITAL Page 4 may O FUNERAL director, pa should be fil	I ROBERT T. PARKER, M. D. SOUTH BALTO GEN. HOSPIT	ALBALTO:
	Page 4 ma To FUNERAL director, p	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY HOWARD County, 12b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY HOWARD County, 12b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY HOWARD COUNTY, 12b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY	Md.
	·	24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 61	GNATURE
	VR AI5 (4)	Harry W. Haight Sykesville, Md. DATE MAR 7. 1987 Journe	Jung-
	20M 1/65		·

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY a MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearast town) 10 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRI ON A FARM? hours YES NO etely 3. NAME OF Middle DATE Day DECEASED OF DEATH (Typa or print) 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED certificate physician USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) 6 dona during most of working life, even if retired) NAME 14. MOTHER' 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT pr_unkown) | (If yas give war or datas of sarvica) 18. CAUSE OF DEATH [Entar only one causa par line for (a), (b), and (c). INTERVAL BETWEEN ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava rise to immediata ceuse DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO CINGULA DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of itam 18.) 2Da, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, (Stata) 20c. TIME OF INJURY 2Df. (City or town) (County) Month, Day, Yeer fectory, street, offica bldg., atc.) While Not Whila Hour e.m. et work at work p.m. that (I) (we) last 0 /, and that death occured at 6.7. .M, from the causes and on the date stated above. saw the deceased alive on lav 19.6 22b. DATE 220. SIGNATUR ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. death. Page 4 TO FUNE. 22d. ADDRESS 22c. PHYSICIAN ROBERT S. McCENEY, M. NAME (Type) 402 MAIN ST 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 23b. DAUREHERWARYLANDESQUENCE OF CEMETERY OR GREMATORY (Steta) EMOVAL (Spacify) 25a. REC'D BY REGISTRAR REGISTRA 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

AND STATE DEPARTMENT OF HEALTH

ROBERT S. McCENEY, M.
LAUREL CO. MARKETE. (2010)
LAUREL, CARACALA, (2010)

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 202	03702 CERTIFICATE OF DEATH 03696
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	PLACE DF DEATH a. COUNTY HOWARD 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY HOWARD MARYLAND Maryland Howard
by the fur Pages 1 and urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours d in by rs. Pag 2 hours	Marriottsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
filled papers.	Route 99 Route 99 Yes No
completely filled in We carbon papers. I event, within 72 hou	3. NAME DF First Middle Last 4. DATE Month Day Year OF (Type or print) GEORGTA H. CTSSEL DEATH Mar 22 1967 19
comple ve carl event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
n-and co remove in any ev	Female White WIDOWED 3-28-1877 89 yrs.
attending physician-and rmit. Then please remon, or removal, and in any	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWLTE 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? Waryland
en pl oval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nding ph Then . remova	John Hobbs Elizabeth Ridgely 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
permit.	(Yes, no, or unkown) (If yes give war or dates of service) NO ? Mr. Brown Cissel Marriottsville Mc
ian, d by the a ransit perr cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
physician. signed by the a purial-transit peri burial, cremation,	4221 IMMEDIATE CAUSE (a) 1/14/1/10/1
burish burish	Conditions, If any, which gave rise to Immediate (b) Arkenoscion tre Cender Versee Car deserve 10 yr.
has been as the bu prior to b	cause (a), stating the underlying cause last.
Health pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
d for of Hea	YES NO 202. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (I EITHER, NOTIFY MEDICAL EXAMINER)
etached Dept. of	
fter this be detach State Depl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w
STOR: Aft should b ith the St	21. I certify tha (II) this hospital) attended the deceased from 3-29, 1960, to 3-22, 1967, that (II) (we) las
3 showith	saw the deceased alive on 2 / C 19 6 7, and that death occurred at 0 M, from the causes and on the date stated above 22a. SIGNATURE 22b DATE SIGNED
page filed	Himas & Helbert M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1 3-23-67
FUNERAL I	22c. PHYSICIAN'S NAME (Type) Thomas F. Herbert M.D. 22d. ADDRESS 44 Church Road, Ellicott City, Md
To FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health price.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
P	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
R AI5 (4)	Harry W. Haight Sypposille, Md. MAR 28 1967 goliandes Jusque

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Howard Howard MARYLAND b. CITY OR TOWN (if outside corporate limits, bon papers. Pages within 72 hours af c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Ellicott City Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 22 Tyler Drive 22 Tyler Drive NO X YES within etely completely ve carbon p NAME DE First Middle Last 4. DATE Month Day Year DECEASED event. (Type or print) RUSSELI CART HEASTEY DEATH 19 larch executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED IIF UNDER 24 HRS remove AGE (In years | IFUNDER 1 YEAR NEVER MARRIED last birthday) Months | Hours | and Davs Feb. 5, 1913 WIDOWED DIVORCED 54yrs Male White Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease during most of working life, even if retired) INDUSTRY COUNTRY? and Reuben H. Donnellet Area Coordinator Penn, Penna. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then removal David C. Heasley Ada Ravger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Jacqueline Heasley, Ellicott City, Md 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. signed burial-t burial, DUE TO Conditions, If any, which (b) peen gave rise to immediate the r DUE TO cause (a), stating the prior underlying cause last. (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate the hospital or NO IX YES 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) to DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work 0 the 196 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR Ige 3 should be a should be with the and that death occurred at 1.324 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED \boxtimes DIRECTOR PHYS. 4 may HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Ellicott City, Md St. Johns Buria] 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) F.C. Higinbothom, Ellicott City. Md 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Howard o. STATE b. COUNTY MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after vithin 72 haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporote limits, the attending physician and campletely filled in by the sit permit. Then please someove carban papers. Page Fulton give necrest town) Washington, D.C. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 310 Rittenhouse Middle 4. DATE Month Day Year NAME OF First DECEASED MARCH S. Blanche Holtzclaw 196 DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Hours female 11/16/82 white in any WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Washington, D.C. SA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frederick Pfeiffer Bettie White Address 15. WAS DECEASED EVER IN U.S. ARMED FOR (ES? (Yes, na, ar unknawn) (If yes give wor ar dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Margaret Simons same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit CAROLAC FAILURE IMMEDIATE CAUSE (a) signed by DUE TO burial. DRONARY SCLEROSIS Canditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use NO P far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour a.m. Nat While ot work Page 4 may be retained by pe 1960 to . 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 1967, and that death accurred at 3010 M, fram causes and an the date stated above. MAR saw the deceased alive an 3 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR Z PHYS. M.D. PHYS. 22d. ADDRESS CLA-RKS VILLE 22c. PHYSICIAN'S NAME (Type) director, should b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Prince Ft. Lincoln Cemetery Georges County, Md. Hines Coloress hot N.W. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR The S.H. Hin S. Washington, 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where dacessed lived, If institution; Residence before admission a. COUNTY Maryland b. COUNTY Howard Howard MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town 22vrs. Hanover Hanover papers. Pagin 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Florey Rd., Hanover, Md. **Eqmpletely** Florey Road YES NO X 3. NAME OF Middla 4. DATE Month Day Year DECEASED OF C (Typa or print) DEATH March 21, 1967 William Henry Lomax 19 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours death certificate Male White Dec. 4, 1876 WIDOWED 1 DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired)
Retired - Maryland Plasterer Calvert Co U. S. A. please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending late George "ichard Lomax late Elisa Then The law requires that the removel, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas giva war or datas of sarvice) ed by the hospital or attending physician. After this certificate has been signed by the George W. Lomax Florey Rd. Hanover Md. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava risa to immadiata ceusa burial **DUE TO** (a), stating the undarlying the causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? \$ Q CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION prior 1 YES | NO Z for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPATED. (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After the should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) jo factory, streat, office bldg., atc.) Whila Not While Hour a.m. Dept. at work at work p.m. 196.7, that (i) (are) last 21. I certify that (I) (this hospital) affended the deceased from... ..., and the death occurred at \$3.90, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE ATTENDING eth. Page 4 HOSPITAL page with th PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Type) filed 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION, 23b. の音器 REMOVAL (Spacify) Solomons Island - Calvert Co., March 24 Lady Star of Sea Church 167 Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN 24 FUNERAL DIRECTOR'S SIGNATURE Witzke 4101 Edmondson Ave Balto. Md. VR A15 (4) 20M S-63

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-15	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	93706 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	700
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Howard 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence to STATE D. COUNTY MARYLAND MARYLAND AMARYLAND AMARYLAND MARYLAND	
f any delay is 1, 2, and 3, cm PM3. Page Department of start after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Sykesville C. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) Sykesville Years Sykesville	eorest town)
T = E = 10	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Underwood Road Underwood Road	e. IS RESIDENCE ON A FARM? YES NO
hours ofter deoth. If a litem 18. Give Poges 1, Office along with form 1 and 2 with the State De event within, 22 hours	3. NAME OF DECEASED (Type or print) ROLLAND C. MASEK 2 T. Last 4. DATE Month OF DEATH MAR 19.1967	Doy Year
hours ofter d tem 18. Give Office along a ond 2 with the	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
hin 24 hour ncil in Item niner's Office poges lond'z in ony even	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 106. KIND OF BUSINESS OR INDUSTRY 117. EITHERS NAME 118. BIRTHPLACE (Stote or foreign country) 120. CITIZE COUNT 13. FATHERS NAME	IN OF WHAT TRY? USA
d withir in penci Exomin File po	Roland C. Masek, Sr. Dorothy Domagalski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
executed ending" in Medical t permit.	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)	sville, Mo
MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the word "pending" in pencil in Item 18 il director. Page 4 should be farwarded to the Chief Medical Examiner's Office retained for your files. L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 vits designated agent, priar to burial, crematian, or removal, and in any event	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), DUE TO DUE TO DUE TO	ONSET AND DEATH
writing the writing the rwarded as o seed as o ourial, cre	lost. (c)	19. WAS AUTOPSY PERFORMED?
VER: This certicete, writenould be farwalles. should be used should be used to priar to burier.	200. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 201. CAUSE OF DEATH. 202. EXTERNAL CAUSE WAS PRIMARY are CONTRIBUTING CAUSE OF DEATH.	YES NO
XAMINER: te the cert ge 4 shoul your files. age 3 shoul l ogent, pi	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of w	r) (State)
DEPUTY MEDICAL EXAM seessary, please execute the funeral director. Page 4 may be retoined for your FUNERAL DIRECTOR: Page ealth or its designated age	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER	and in my opinian 22. DATE SIGNED
TO DEPUTY A necessary, plane funeral control of 5 may be refuneral. Health or its	SIGNATURE	19-1967
TO DEPUTY necessary, the funeral 5 may be r TO FUNERAL Health or it	23d. BURIAL (REMATION, REMOVALISpecify) 23d. Date THEREOF Date THEREOF Section (City or Town) (Construction of Company Removalispecify) 23d. Location (City or Town) (Construction of Company Removalispecify) 3-22-67 Fort Lincoln Company Hyattsville,	unty) (State)
VR A15ME (S)	24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGN AAAR 2 1 1967 Clarks	udge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY How. MARYLAND s necessary, the funeral 5 mars c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL - LAURE LAUREL e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS lay is 3 to t Page SCAGGSVILLE State hours NO P 2, and PM3. Day NAME OF Month DECEASED OF RANKLIN TACOR REFNER MARCH 1967 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 9. DATE OF BIRTH after death. If 8. Give Pages 1, ong with form 7. MARRIED NEVER MARRIED last birthday) Months I WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY CUPERINTENDAM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours CHARLES FLORENCE EOLER AL EXAMINER: This certificate should be executed within 24 hor the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) - SAME permit. MRS TACUS REEDER 0150 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH FALLURE CARDIAC PART I. DEATH WAS CAUSED BY: burial-transit processit p IMMEDIATE CAUSE (a) DUF TO CORONARY THROMBOSIS Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the a used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NOV YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) CERTIFI 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should basent, price MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry X, and in my opinion Undetermined manner Suicide Homicide Natural causes X. Accident CHIEF MEDICAL EXAMINER YOUR while S. Whother 22. DATE SIGNED Page ASSISTANT MEDICAL EXAMINER For DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) retained director. NAME (Type) 23d. LOCATION (City, town er county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. 0 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. Melianeles VR A15ME 3500 4-64